

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

871  
Lobbyist's Registration Number**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70802, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**Postmark Date: 3/25/08

Supp-08

**1072138**1. NAME Pierre Markley W.  
Last First MI2. BUSINESS PHONE 318-675-01163. BUSINESS ADDRESS 401 Market, Ste 550, Shreveport, LA 71101  
Street and No. City State ZipMAILING ADDRESS Same  
Street and No. City State Zip4. EMPLOYER Southern Strategy Group - NLA, LLC5. EMPLOYER'S ADDRESS 401 Market, Ste 550, Shreveport, LA 71101  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Southern University at Shreveport Louisiana FoundationAddress 610 Texas Street, Ste 400, Shreveport, LA 71101Business or purpose Non-profit education and promotion☒ New RepresentationDoes this person pay you? NOIf No, who pays you? Southern Strategy Group - NLA, LLC☐ Terminated Representation as of \_\_\_\_\_**HAND DELIVERED**

**SUPPLEMENTAL REGISTRATION FORM**

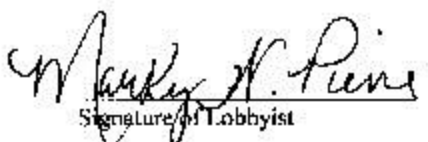
871
<b>Lobbyist's Registration Number</b>

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist